MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

	(FOR US	E WITH .	FORM P	TO-875)									
	AETED AETED						LAIN	is	1.			1.		
		ILED	1st AME	NDMENT	2nd AME	NDMENT			ļ		 		ļ .	,
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
<u>1</u> 2	1		 -	·	 			51				 	<u> </u>	
3			 		ļ			52	<u> </u>		 	 	ļ	
4			 	 				53			 	 	 	
5		- !		ļ	}			54	<u> </u>		 	 		
6		- 1			-			55					 	
7								56 57			 		<u> </u>	
8			-					58			 	-		
9			 					59	ļ		╅	 		
10		1						60			 		· · · · · · · · ·	
11		1	i			-		61			 		·	
12	,							62			 			
13		1					. t	63			ļ			
14		1					ľ	64						
15		1						65		-	 			
16		(İ	66			†			
17								67						
18		1					Ī	68						
19								69						
20								70						
21						erig .		71		-				
22							[72						
23							· [73						
24							l	74						
25								75						
26							Į	76						
27							- [77						
28							Į	78						
29							- 1	79						
30 31							}	80						
32							- 1	81						
33								82						
34							-	83						
35						{		84						
36							ŀ	85						
37							-	86						
38							-	87						
39		·						88						
40							-	89			-			
41							- }	90						
42								91						
43	-						-	92						
44							-	93						
40							-	94						
46							-	96					- +	
47							-	97						
48							}-	98						
49							}-	99						
50							-	100						
TOTAL							-	TOTAL						 -
TOTAL	_=	ا لي					1_	IND.		[]]	1
DEP.	18		· · · · · ·					TOTAL DEP.	_ •		•		•	
TOTAL CLAIMS	22]						TOTAL CLAIMS	1	a julying		,		